

The Health Care Monitor

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TRICARE For Life briefings begin for NW region



Marie Richman of Naval Hospital Oak Harbor answers a retiree's question regarding his TRICARE For Life benefit which begins October 1, 2001. TFL briefings began July 31 in this region.

TRICARE Northwest

Hospital achieves "most wired" status

By Judith Robertson
Public Affairs Office
Naval Hospital Bremerton

NAVAL HOSPITAL BREMERTON -- Despite the proximity to Seattle, Naval Hospital, Bremerton's designation as one of the nations "100 Most Wired" healthcare facilities, has nothing to do with coffee consumption. This prestigious award from

"Hospitals & Health Networks," the journal of the American Hospital Association, was accorded the local military hospital for the third consecutive year based on an annual survey that polled military and civilian health care systems throughout the nation.

The survey examines the use of Internet technologies to con-

nect hospitals with patients, physicians and nurses, payers, health plans and employees. Close to three hundred hospitals and health systems responded to the survey.

For the first time the magazine took the analysis one step further. "We took the Most Wired data and asked if there is any

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Informatics helps automate health care services

By Susie Stevens
Office of the Lead Agent
TRICARE Northwest

MADIGAN ARMY MEDICAL CENTER—

In this information age when data can be passed electronically around the world instantly via computer, Department of Defense and health

care professionals are trying to balance patient confidentiality with access to patient records. The goal is to give providers complete, accurate and timely information when and where they need it, said LTC David Williams,

Chief of Informatics, Madigan Army Medical Center.

Madigan stood up a new specialty department in 1992 called Informatics. It has a very small staff with a large mission. Its work benefits

both patients and providers. It's these professionals that suggest ways to improve how clinical information is exchanged among the TRICARE Northwest region's providers of military health

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Joint Medical Olympics



Team Madigan
competing in the 2000 Joint
Medical Olympics

Photos by Sgt 1st Class Elihue Claypool



**September 21, 2001 at McChord Air Force
Base**

Come support your team



Naval Hospital names two outstanding employees of the quarter

By Judith Robertson
Public Affairs Officer
Bremerton Navy Hospital

With the selection of a Registered Nurse and a Managed Care Liaison, both the clinical and administrative sides of Navy medicine's civilian work force were recognized.

Colleen Williams, RN, a Health Promotion Coordinator at the Naval Hospital's Branch Medical Clinic on Naval Station Everett, was selected Senior Civilian. Recently married to Rick Williams, an employee of the Fleet and Family Support Center in Everett. Colleen, may be better known to co-workers by her former name, McElroy.

Cmdr. Michael Woelkers, NC, Williams' supervisor, said Williams was the "driving force" behind several events and initiatives to promote

health to the Everett population.

Civilian of the Quarter honors went to Sabrina Weber-Cornwell, who puts her 15 years of expertise as a Naval Hospital employee to work as a Managed Care Liaison.

The Fountain City,

Her supervisor, head of Healthcare Operations, Dan O'Brien, said "She (Weber-Cornwell) is the point of contact to regional work groups for the 'National Enrollment Database,' 'Managed Care Program,' and 'Primary Care Manager By

local database system into a national database.

"She has corrected over 7,500 discrepant records... Because of her work, Naval Hospital Bremerton is the first Military Treatment Facility in Region 11 (TRICARE Northwest) to achieve zero discrepancy status in anticipation of the imminent NED deployment," he said. Additionally Weber-Cornwell "has worked diligently to assign each patient to an individual Primary Care Manager in keeping with the intent of the program," O'Brien said,

Weber-Cornwell said her success is directly attributable to the Enrollment Team's effort, but also said she would have to "thank my family for allowing me the time I needed to get the job done."



Colleen Williams, RN

Sabrina Weber-Cornwell

Indiana native, who now resides in Bremerton with husband Rick and 15 year old daughter, Diana Weber, said she was "very excited" about her selection.

Name' programs.

O'Brien stated that Weber-Cornwell was the driving force behind several team efforts to enroll over 36 thousand patients from an older

Army launching campaign against Ecstasy

By Joe Burlas
WASHINGTON
(Army News Service, Aug. 7, 2001) ---
Army leaders plan to combat the increasing soldier use of the

"club drug" Ecstasy with education, hard cold facts and aggressive random drug testing, said Dr. George Chagalis, director of the Army Center for

Substance Abuse Programs.

The center will release a computer slide briefing, complete with "Techno" music, later this month for

commanders to train their units on the potential dangers of Ecstasy.

"This drug directly affects the combat readiness of the

Army -- that's why we are serious about getting the word out on it," Chagalis said.

"Young people today have a feeling of in-

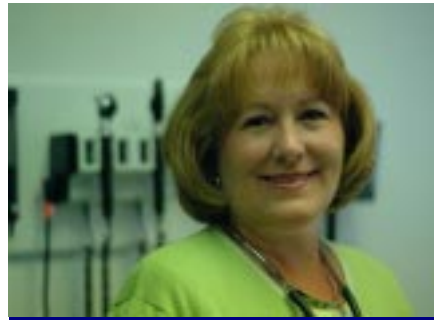
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Coast Guard Clinic gets help when needed

SEATTLE USCG

CLINIC—A call for help made by an astute clinic administrator recently averted what could have been a very difficult situation. Chief warrant officer Bruce W. Thomas, clinic administrator for the Integrated Support Command in Seattle, acted promptly upon hearing the news that he would soon lose two of his three providers this summer. His immediate concern was how could the clinic continue to serve an active duty population of about 1,600 service-members.

The call for help came to the Office of the Lead Agent at Madigan Army Medical Center where Medical Director, Col. Shelby Brammer, MD., offered assistance. He met with the medical directors from all the MTFs in the region



U.S. Coast Guard Photo

Helen F. McGregor, ARNP, MSN from Madigan Army Medical Center helps each week to serve customers that otherwise might have to travel long distances for their medical care.

who then developed a plan to augment all facilities who had identified personnel shortages.

The plan benefited all facilities in the region, but to Thomas it demonstrated the intra-service cooperation that exists between federal agencies here. "The key to

getting help is knowing who to contact," he said.

The clinic benefited by getting providers to augment the staff until August, giving its new Coast Guard provider time to relocate. Each day, a provider from either Madigan Army Medical Center or Naval Hospital Bremerton augments the clinic. Remarkably, whoever the person is may be able to go right to work after a short tour of the facility.

This success story highlights the emphasis on teamwork and intra-service cooperation here in the region to achieve a common goal of providing quality health care while maintaining TRICARE Prime standards. Here, the myriad of agencies works together towards a common goal of keeping our military ready to meet its missions.

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vincibility. They say, 'It won't happen to me,' but the fact is that it does happen to young people."

One myth the briefing should dispel is that Ecstasy clears the system and cannot be detected after 24 hours of use. The fact is it can be detected up to 72 hours after use and its side effects of depression, mood swings and erratic behavior last even longer, said Edwin Fisher, chief of ACSAP's prevention and training branch.

While there is still a lot of research to be done on Ecstasy, scientists do know that it affects the brain by drawing out large amounts

of the naturally occurring chemical serotonin. This chemical causes feelings of euphoria and a sense of well-being. However, Ecstasy can cause short-term or even permanent depletion of the brain's serotonin reservoir.

"Without serotonin, you no longer have joy in your life," Chagalis said. "Can you imagine a life without a natural sense of joy in it? You would have to be medicated for the rest of your life just for a sense of normalcy."

And like most drugs, you can become addicted to Ecstasy or die of an overdose - even from a single use, Fisher said.

While the potential adverse effects of Ecstasy are bad enough, Fisher said, throw in the fact most Ecstasy sold on the street is not the real thing, but a mix of other amphetamines and drugs. The sterility of the lab that made the drug is an unknown, he said, and, if Ecstasy is present, you don't know its potency nor what drug or substance it has been cut with.

One common Ecstasy filler is a drug known as PMA. It directly impacts the hormones that regulate body temperature. In a cool environment, users can suffer hypothermia, an abnormal cooling of the body core temperature. In closed,

crowded environments like those found at most Rave parties, the effects can be a body temperature of 104 degrees or more and severe dehydration.

"This drug's effect on the body is like a car engine overheating and blowing the radiator," Fisher said. "There are cases where people have died using Ecstasy laced with PMA and their bodies still had a temperature of 107 degrees hours later."



The drug ecstasy

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benefit to being a leader," said Alden Solovy, executive editor, "Hospitals & Health Networks," Chicago. "Along with higher credit ratings, the Most Wired have greater expense control and more productivity."

But what the designation means to NHB's 58 thousand individuals in its population base, is that they benefit from the most recent technological advancements in the world of health care.

"We have been selected yearly because we work to install the type of infrastructure that will most benefit our patients, the recognition is nice, but incidental,"

said Chief Information Officer Donna Corser.

"Currently we're on the verge of implementing several exciting initiatives," Corser said.

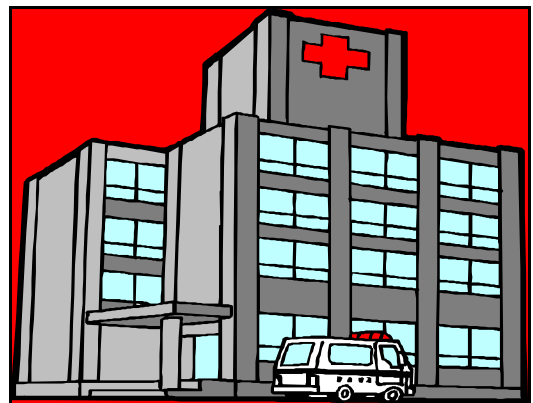
"An innovative operating room management system will allow collaboration between the Navy and Army in optimizing resources for surgical patients throughout the region. The Integrated Clinical Database, due out this fall, will support the TRICARE Northwest Region's population health management programs in prevention, disease, and demand management. With our expanded video-conferencing capabilities, the Naval Hos-

pital can now conduct VTC from any location in the hospital to any location in the world. This enhances our telemedicine capability by minimizing provider and patient travel requirements, which is especially beneficial in the fields of dermatology and psychiatry. And our new radiology image system allows the transfer of radiology images from aircraft carriers at sea, providing near real-time diagnosis capability. We will continue to work toward offering more web-based services for our beneficiaries and have recently improved Internet access to meet the American with Disabilities Act

(ADA 508)."

Technological innovation and leadership was evident at Naval Hospital Bremerton when they were chosen three years ago. At that time the facility was the only service specific military treatment facility on the list. There was one Veteran's Administration Hospital also listed. With the precedent set, other military treatment facilities have joined the ranks of the 100 most wired in subsequent years.

The 100 Most Wired hospitals were named in the July issue of "Hospitals & Health Networks."



Next month's newsletter deadline will be September 10th.

Members of the Management Information Office are congratulated by Naval Hospital Commanding Officer Capt. Christine Hunter, (front, right) for being named in the list of the nation's 100 Most Wired hospitals. Team members are (l. to r.) Lt. Gregory Marty, Candido Trujillo, IT3 Michael Wolff, Donna Corser, Claire Thompson, Rick Cornwell, Shawn Fellows, MR1 Larry Chapman, (Hunter) and Kim Stone. (U.S. Navy Photo)

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care. Informatics focuses on the flow of information through an organization, then suggests improvements and new methodologies.

Currently, utilizing Composite Health Care System software, DOD's capabilities exceed most of those of the civilian medical organizations. Building on the previous CHCS success, by Fall 2002, CHCS II "the next generation system" will be fielded to all DOD healthcare facilities. This brings us one step closer to connecting all federal agencies, providing one seamless medical care system.

Imagine, no more lost medical records. Also, patients seen by any military provider (someday to include agencies such as the Department of Veter-

ans Affairs) can be assured that his/her health information is summarized in a precise format for any provider to understand a patient's medical history before prescribing treatment.

Utilizing the discipline of informatics, DOD has exceeded most civilian health care industries' capabilities in regards to automating clinical documentation, and laboratory records – few compare to the exchange of electronic information or are as widely distributed as DOD, said LTC Gregory Andre Marinkovich, MD, western region medical command eHealth director. Congress has addressed the concerns of patients regarding the privacy and confidentiality of their medical records. The Health Insurance Portability and Account-

ability Act of 1996 sets forth criteria to help ensure patients' rights to privacy and confidentiality.

Originally, HIPAA was passed to ensure that people who changed jobs could continue their insurance "portability". It also requires enhanced automation of health care information and the protection of that information by establishing new privacy and data security regulations.

HIPAA applies to the entire United States health care system and its ability to quickly and accurately exchange information on clinical, documentation, eligibility and reimbursement issues. The latter two issues will aid patients and health plans by providing rapid access to eligibility status and fast, accurate pay-

ments to hospitals and physicians when services are rendered.

"We will always have the paper medical file, but now we have added an electronic medical record to ensure that information can be exchanged when and where it is needed", according to Lt. Col. David Williams, chief of informatics, Madigan Army Medical Center. Paper patient records will always be necessary; however, the exchange of information electronically continues to help provider and patient get information when and where it is needed. The bottom line is that when computers go down, patients will continue to get quality health care.



TRICARE For Life briefings began July 31, 2001 in this region. TFL is a new benefit that will begin October 1, 2001 for military retirees and their spouses who live in communities that are not close to a Military Treatment Facility. Naval Hospital Oak Harbor was the first hospital to begin briefings regarding TFL.